

**Second Amendment to the Community Adolescent Pregnancy Prevention (CAPP)
Administrative Services Contract**

This Amendment to Contract Number ACFS 19-002 is effective as of July 1, 2019, between the Iowa Department of Human Services (Agency) and Prevent Child Abuse Iowa (Contractor).

Section 1: Amendment to Contract Language

The Contract is amended as follows:

Revision 1. Contract Duration. The Contract is hereby extended from July 1, 2019 through June 30, 2020.

Revision 2. Contract Declarations and Execution. The Contract is hereby amended to update Agency and Contractor contact information via substitution by replacing the existing boxes on page 1 of the Contract with the following:

Agency of the State (hereafter "Agency")	
Name/Principal Address of Agency: Iowa Department of Human Services 1305 E. Walnut Des Moines, IA 50319-0114	Agency Billing Contact Name / Address: Lisa Bender Hoover State Office Bldg., 5th Floor NE 1305 E Walnut Street Des Moines, IA 50319-0114 Phone: 515-281-8787
Agency Contract Manager (hereafter "Contract Manager") /Address ("Notice Address"): Lisa Bender Hoover State Office Bldg., 5th Floor NE 1305 E Walnut Street Des Moines, IA 50319-0114	Agency Contract Owner (hereafter "Contract Owner") / Address: Jana Rhoads Hoover State Office Bldg., 5th Floor NE 1305 E Walnut Street Des Moines, IA 50319-0114
E-Mail: lbender@dhs.state.ia.us	E-Mail: jrhoads@dhs.state.ia.us
Phone: 515-281-8787	
Contractor: (hereafter "Contractor")	
Legal Name: Prevent Child Abuse Iowa	Contractor's Principal Address: 501 SW 7 th Street, Suite G Des Moines, IA 50309
Tax ID #: 42-1117292	Organized under the laws of: State of Iowa

Revision 3. Section 1.3.3.2 Payment Methodology is hereby amended by removing the following stricken language and adding the following underlined language to the first two paragraphs under the subsection titled "Contractor Payments". All other language following in this section remains unchanged.

Contractor Payments.

Contractor shall invoice the Agency monthly for reimbursement of the costs associated with meeting the Deliverables of the Contract. This reimbursement shall be in accordance with the SFY budget provided by the Contractor (**Attachment 3.1: SFY ~~2019~~2020 Approved Line Item Budget, Amended January 2019**). Monthly invoices shall be accompanied by an Agency provided Monthly Expense Report which breaks down each monthly invoice by line item. Invoices may be submitted as original signed documents or as a scanned copy of a signed invoice. In the event the Agency moves to the use of Iowagrants.gov to make payments under this Contract, the submission through that system will replace any paper submission.

At any point during this Contract, if the Contractor wishes to make "substantial" amendments to the approved budget, a new amended budget must be submitted to, and approved by, the Agency Contract Manager before the Contractor bills for the adjusted changes.

- For the purposes of this section, a "substantial" change to the budget means shifting funds from one line item to another in excess of 10% of the total maximum not to exceed term value.
- This amount includes any single change or combined changes in line item amounts that result in more than 10% of the awarded funds being used for a purpose other than what was approved in **Attachment 3.1: SFY ~~2019~~2020 Approved Line Item Budget**.

Revision 4. Section 3: Special Contract Attachments is hereby amended by replacing "Attachment 3.1 Approved SFY 2019 Line Item Budget, Amended January 2019" with "Attachment 3.1 Approved SFY 2020 Line Item Budget".

Revision 5. Federal Funds. The following federal funds information is provided:

Contract Payments include Federal Funds? Yes	
The contractor for federal reporting purposes under this contract is a: Subrecipient	
DUNS #: 125890785	
The Name of the Pass-Through Entity: Iowa Department of Human Services	
CFDA #: 93.558	Federal Awarding Agency Name: Department of Health and Human Services/Administration for Children and Families
Grant Name: Temporary Assistance for Needy Families	

Section 2: Ratification & Authorization

Except as expressly amended and supplemented herein, the Contract shall remain in full force and effect, and the parties hereby ratify and confirm the terms and conditions thereof. Each party to this Amendment represents and warrants to the other that it has the right, power, and authority to enter into and perform its obligations under this Amendment, and it has taken all requisite actions (corporate, statutory, or otherwise) to approve execution, delivery and performance of this Amendment, and that this Amendment constitutes a legal, valid, and binding obligation.

Section 3: Execution

IN WITNESS WHEREOF, in consideration of the mutual covenants set forth above and for other good and valuable consideration, the receipt, adequacy and legal sufficiency of which are hereby acknowledged, the parties have entered into the above Amendment and have caused their duly authorized representatives to execute this Amendment.

Contractor, Prevent Child Abuse Iowa		Agency, Iowa Department of Human Services	
Signature of Authorized Representative:	Date:	Signature of Authorized Representative:	Date:
	5/31/19		6-22-19
Printed Name: Elizabeth Cox		Printed Name: Jerry R. Foxhoven	Gerd W. Clabaugh, MPA
Title: Executive Director		Title: Director	Interim Director

ACFS 19-002 Attachment 3.1: Approved SFY 2020 Line Item Budget

CAPP Admin Request SFY 20:	\$268,503.00
Total Budget SFY 20 (including all sources**):	\$282,753.00
Total Possible Incentive Payments SFY 20:	\$20,000.00
Total Possible Not to Exceed Value:	\$288,503.00

**Shall include only funds, donations, or volunteers used to meet the purposes of the Scope of Work in this RFP. This budget does not need to include funding received by the Contractor for work unrelated to the Scope of Work in this Contract, with the exception of any shared expenses. Indicate the full salary and benefits of ALL employees to be funded under this Contract (in full or part), indicate the percentage of time anticipated on this Scope of Work and amount and source of other funding (other funding sources shall be identified in narrative section provided. In addition, for any other shared expenses, indicate the full amount and % charged to this Contract.

SFY 2020 Cost Proposal

SFY 2020 INDIRECT EXPENSES (Restricted to 15% of Base Contract Amount)

DESCRIPTION OF BUDGET LINE ITEM EXPENDITURES	FUNDING SOURCES TO BE USED				Total
	CAPP Admin Contract	Other Funding Sources	Estimated Value of Donations	Volunteer Hours (#hrs x \$20.93)	
Administration (Director, accounting, etc.)					-
Tax filing (30% of \$21,000)	6,500.00				6,500.00
Bookkeeping (30% of \$700)	210.00				210.00
BM (20%) Salary and Benefits	12,200.00				12,200.00
Subscriptions (30% of \$2,400)	600.00				600.00
					-
Facilities (Rent, utilities, general use equipment)					-
Rent and Parking and office updates (30% of \$7,000 + in kind at 3	2,100.00		10,500.00		12,600.00
Insurance (30% of \$7,500)	2,250.00				2,250.00
Internet, Website & Phone (30% of \$11,500)	3,500.00				3,500.00
					-
					-
Total Indirect:	27,360.00	-	10,500.00	-	37,860.00

SFY 2020 DIRECT EXPENSES

DESCRIPTION OF BUDGET LINE ITEM EXPENDITURES	FUNDING SOURCES TO BE USED				Total
	CAPP Admin Contract	Other Funding Sources	Estimated Value of Donations	Volunteer Hours (#hrs x \$20.93)	
Salaries/Benefits (Include position and percentage of time)					-
Director: 2; CAPP/PM: 1.0 PM .5 Comm: .3; BM.2					-
Salaries (\$100, \$54, \$56, \$52, \$48)	130,000.00		3,750.00		133,750.00

Payroll taxes (\$8, \$4, \$4, \$4, \$4)	9,800.00				9,800.00
Benefits (\$17, \$4, \$4, \$4, \$6)	14,200.00				14,200.00
IRA and Unemployment (\$3, \$1.6, \$1.6, \$1.6, \$1.4)	5,900.00				5,900.00
<i>In-state Travel/Mileage (Per state of Iowa rates)</i>					-
Travel In State	4,500.00				4,500.00
<i>Training/Professional Dev (Include registration and travel)</i>					-
Proff Devel	12,543.00				12,543.00
<i>Equipment/Supplies</i>					-
IT Hardware (Computer, 30% Printer Lease, Phone) and Commu	6,700.00				6,700.00
Office supplies, Publication, Printing, Program Materials	7,000.00				7,000.00
Postage (30% 1600)	500.00				500.00
<i>Contracted/Outside Services (NOT Indirect)</i>					-
Media/Marketing	40,000.00				40,000.00
Trainers	10,000.00				10,000.00
					-
					-
Total Direct:	241,143.00	-	3,750.00	-	244,893.00
Total Budget (Must match max for SFY 2019 above):	268,503.00	-	14,250.00	-	282,753.00

SFY 2020 INCENTIVE PAYMENTS					
DESCRIPTION OF INCENTIVE LINE ITEM EXPENDITURES	1st Quarter Jul-Sept 2019	2nd Quarter Oct-Dec 2019	3rd Quarter Jan-Mar 2020	4th Quarter Apr-Jun 2020	Total
Salaries/Benefits (Percentage increase or bonus)					-
Salaries/Benefits (bonus for performance review)		1,500.00		1,500.00	3,000.00
					-
					-
					-
Training/Professional Development (Include travel)					-
PD	5,000.00	2,500.00	2,500.00	2,500.00	12,500.00
					-
					-
					-
Travel/Mileage (to implement new training)					-
Travel/Mileage (to implement new training)		500.00	500.00	500.00	1,500.00
					-
					-
Equipment/Supplies (Curricula, resource materials, etc.)					-
Curricula and Program Materials		1,500.00	1,500.00		3,000.00
					-
					-
					-
Total Incentives:	5,000.00	6,000.00	4,500.00	4,500.00	20,000.00
Additional Budget Narrative (as needed):					